| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875 | | | | | | | Application or Docket Number 10/663,405 | | Filing Date 09/16/2003 | | To be Mailed | |
|--|---|---|---|---|--------------------|---|--|------------------------|---------------------------|-------------------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2) | | | | | | | SMALL ENTITY | | | OTHER THAN OR SMALL ENTITY | | |
| Н | FOR | | NUMBER FILED | | NUMBER EXTRA | | RATE (\$) | FEE (\$) | <u> </u> | RATE (\$) | FEE (\$) | |
| | BASIC FEE (37 CFR 1 16(a), (b), | or (c)) | N/A | | N/A | | N/A | | 1 | N/A | | |
| | SEARCH FEE (37 CFR 1 16(k), (i), a | | N/A | | N/A | | N/A | | 1 | N/A | | |
| | EXAMINATION FE (37 CFR 1 16(o), (p), | E or (q)) | N/A | | N/A | | N/A | |] | N/A | | |
| | TAL CLAIMS CFR 1.16(i)) | | minus 20 = | | | | x \$ = | | OR | x s = | | |
| IND | EPENDENT CLAIM GFR 1.16(h)) | IS | minus 3 = | | | | x \$ = | | 1 | X \$ = | | |
| | APPLICATION SIZE (37 CFR 1.16(s)) | FEE sheet is \$2 addi | If the specification and drawings exc sheets of paper, the application size is \$250 (\$125 for small entity) for ea- additional 50 sheets or fraction there 35 U.S.C. 41(a)(1)(G) and 37 CFR 1 | | | | | | | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | | | | | | | | 1 | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2. | | | | | | | TOTAL | <u> </u> |] | TOTAL | | |
| APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3) | | | | | | | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | | | |
| AMENDMENT | 02/03/2011 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSL' PAID FOR | PRESENT Y EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.16(ii) | · 16 | Minus | 20 | = 0 | | x s = | | OR | X \$52= | 0 | |
| | Independent (37 CFR 1.16(h)) | • 4 | Minus | 4 | - 0 | | x s = | | OR | X \$220= | 0 | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | | | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | | |
| | | | | | | | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | 0 | |
| | | (Column 1) | | (Column 2) | (Column 3) | | | | | | | |
| AMENDMENT | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSL PAID FOR | PRESENT EXTRA | | RATE (\$) | ADDITIONAL FEE (\$) | | RATE (\$) | ADDITIONAL FEE (\$) | |
| | Total (37 CFR 1.150)) | | Minus | | = | | x s = | | OR | x s = | | |
| | Independent (37 CFR 1.16(h)) | | Minus | *** | - | | X \$ = | | OR | X \$ = | | |
| | Application Size Fee (37 CFR 1.16(s)) | | | | | | | |] | | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | | | | | OR | | | |
| | | | | | | • | TOTAL ADD'L FEE | | OR | TOTAL ADD'L FEE | | |
| If the entry in column 1 is less than the entry in column 2, with 0" in column 3. Legal Instrument Examiner: "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 30, enter "20". "If the "Highest Number Proviously Paid For IN THIS SPACE is less than 3, enter "2". WANDA LAWSON The "Highest Number Proviously Paid For IN THIS SPACE is less than 5, enter "2". | | | | | | | | | | | | |

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you preparing, and such military line completed applications from the User's Uniter with vegetaring upon the intervolvable case, Any comments on the amount of the require to complete this form and/or suggestions for freducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Trademark Office, U.S. Department of Commence, D.O. Box 1460, Alexandria, VA 22313-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1480, Alexandria, VA 22313-1450.